## SEMINOLE COUNTY GOVERNMENT AGENDA MEMORANDUM

**SUBJECT:** Seminole County Health Department Fee Resolution

**DEPARTMENT:** Community Services

DIVISION: Administration - Community

<u>Services</u>

**AUTHORIZED BY:** Michele Saunders **CONTACT:** Pamela Martin **EXT:** 2302

#### MOTION/RECOMMENDATION:

Adopt and authorize the Chairman to execute a Resolution amending Seminole County Administrative Code Section 20.26, "Health Department" Fee Resolutions.

County-wide Michele Saunders

### **BACKGROUND:**

Each year, the County Health Department reviews the existing Fee Resolution to ensure proper fees are charged for services provided to the public.

The Seminole County Health Department proposes that a new Fee Resolution be adopted amending certain fees set forth in Section 20.26 "Health Department," Seminole County Administrative Code. The proposed Fee Resolution includes revisions to existing services offered by the County Health Department.

The proposed changed will not affect low-income citizens who qualify for Medicaid.

#### STAFF RECOMMENDATION:

Staff recommends that the Board adopt and authorize the Chairman to execute a Resolution amending Seminole County Administrative Code Section 20.26, "Health Department" Fee Resolutions.

### **ATTACHMENTS:**

- 1. Resolution
- Admin Code 20.26 Fee Resolution

Additionally Reviewed By:

County Attorney Review (Susan Dietrich)

THE FOLLOWING RESOLUTION WAS ADOPTED BY THE BOARD OF COUNTY COMMISSIONERS OF SEMINOLE COUNTY, FLORIDA, AT THEIR REGULARLY SCHEDULED MEETING ON THE \_\_\_\_ DAY OF \_\_\_\_\_, 2009.

WHEREAS, Seminole County Ordinance No. 89-28 created the Seminole County Administrative Code; and

WHEREAS, Seminole County Resolution Numbers 89-R 438 and 05-R-151 adopted the Seminole County Administrative Code; and

WHEREAS, pursuant to Special Acts of the Legislature, Chapter 67-1845, Seminole County was given authority to establish and amend, as needed, a schedule of fees for services by the County Health Department; and

WHEREAS, due to the enormous number of laboratory tests and procedures available for proper health care, and the addition of new tests and procedures brought forth by advance of medical science, Seminole County does hereby adopt by reference those charges set forth under the State of Florida Medicaid Reimbursement Rate as they may be amended from time to time by the Seminole County Health Department for those primary care services, including but not limited to, laboratory tests and x-rays, for which there are no specific fees set in the attached fee schedule; and

WHEREAS, due to insufficient current State funding sources, Seminole County is seeking to recover costs associated with certain primary care and community public health services provided; and

WHEREAS, the fees established in the fee schedule represent the maximum charge for each service but may be adjusted on a sliding scale, based upon the income of the recipient of the services, pursuant to State of Florida guidelines; and

WHEREAS, each year the County reviews existing fee resolutions to ensure proper fees are charged for its services.

# NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF SEMINOLE COUNTY, FLORIDA THAT,

Section 20.26 "Health Department", Seminole County Administrative Code, is amended as identified in the attached revised Fee Resolution. The attached changes are for inclusion in the Seminole County Administrative Code.

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ADOPTED	this	_ day	7 of	5. 17 1871 1871	, 2009.
				BOARD OF COUN	TY COMMISSIONERS
ATTEST:				SEMINOLE COUN	
			By:		<u></u>
MARYANNE MORSE	7.			BOB DALLARI,	Chairman
Clerk to the B					
County Commiss	ioners of				
Seminole Count	v. Florida.		Date:		
SED/SJS			•		
7/22/09					
W <sub>22</sub>					
Attachment					
Section 20.26 H	Health Department	"Fee B	Resolut	tions"	

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### SECTION 20. FEE RESOLUTIONS

#### 20.26 HEALTH DEPARTMENT

**A. PURPOSE.** To establish public health service fees in order to expand existing public health services to the community at large.

### B. PRIMARY CARE SERVICES.

- (1) Acute/Episodic Illness Primary care services will be charged on a fee-for-service basis not less than the prevailing Medicaid rate, nor more than the prevailing Medicare rate. The fee will be derived by considering the type of visit, the client sliding fee group based on Federal OMB Guidelines, and the State Medicaid rate. Medicaid identification will be accepted as full payment in lieu of charges.
- (2) Family Planning The fee will be derived by considering the type of visit, the client sliding fee group based on Federal OMB Guidelines, and the State Medicaid rate. Medicaid identification will be accepted as full payment in lieu of charges.
- (3) Well Child Services The fee will be derived by considering the client sliding fee group, which is calculated at eligibility determination, based on Federal OMB Guidelines. The fee group will be applied to the rate not less than the prevailing Medicaid rate. Medicaid identification will be accepted as full payment in lieu of the fee.
- (4) School/Day Care Physicals A one-time service, \$30.00 per physical. (A limited visit which fulfills the basic requirement of the School System or a Day Care Center. Lab tests and/or other services performed beyond the basic requirement will be charged for separately.)
- (5) Maternity Services All clients who are presumed eligible will receive continued prenatal care through delivery and postpartum care. Those clients who are denied active Medicaid and wish to continue receiving services will enter into a contract for the amount of \$2,300 which includes prenatal care and delivery with a postpartum visit. Those clients with insurance coverage will assign benefits to the CHD.
- (6) Dental Clinic The fee is based on the Medicaid rate. Seminole County residents who do not meet the requirement of being "active Medicaid", up to the age of 21 years or pregnant (using Medicaid Services), can be screened through Community Assistance for dental services at this clinic.
- (7) Pharmacy Fees are assessed per cost of prescription plus dispensing fee. The fee will be derived by adding \$5.00 dispensing fee plus the cost of prescription. Cost of prescription is the cost of medication plus 0% to 20% to be determined on a sliding fee scale category. The payment will be assessed by considering the client-sliding fee group, which is calculated at eligibility determination,

based on Federal OMB Guidelines. Medicaid identification will be accepted as full payment in lieu of charges.

(8)(7) Lead Screening - The fee will be derived by considering the client sliding fee group which is calculated at eligibility determination, based on Federal OMB guidelines. The fee group will be applied to the rate established by the State Medicaid program. Medicaid identification will be accepted as full payment in lieu of charges.

<del>(9)</del> (8)	Blood Chemistries Only - Actual Cost plus per visit specimen drawing and handling fee of	\$20.00			
<del>(10)</del> (9)	Herpes Quantification Test	\$45.00			
<del>(11)</del> (10)	Pregnancy Test - Nurse Consultation	\$ <del>19.00</del> <u>20.00</u>			
<del>(12)</del> (11)	Pregnancy Test – Teenage clients	No Charge			
<del>(13)</del> (12)	Chest X-ray	Medicaid Rate			
<del>(14)</del> (13)		\$40.00			
	Not receiving care from SCHD Enrolled SCHD Clients (5 weeks)	\$20.00			
<del>(15)</del> (14)	Hypertension, series of up to five tests	\$5.00			
<del>(16)</del> (15)	Thin-Prep PAP laboratory test	\$25.00			
COMMUNITY PUBLIC HEALTH SERVICES					
` '	uberculosis X-ray for suspected, confirmed or Imptomatic contact or case	No Charge			
` '	uberculosis (TB) Sputum Culture for suspected, onfirmed or symptomatic contact or case	No Charge			
`´ vo	hest X-ray for health care employees or for ocational or college student program requirements, ith nurse assessment.	\$25.00			
` '	uberculin (TB) Skin Test, with reading and urse assessment.	\$30.00			

C.

(5) Sexually Transmitted Diseases - The fee will be derived by considering the client sliding fee group which is calculated at eligibility determination, based on Federal OMB Guidelines. The fee group will be applied to the rate established by the State Medicaid Program. Medicaid identification will be accepted as full payment in lieu



of charges. Patients referred by the Disease Intervention Specialist for initial testing may be charged.

(a)	For Health Department Clients
	with eligibility card:

for test results within the normal time period (State Lab per sliding fee scale)	No Charge to \$20.00
for faster test results (within 48 hours) Private Lab	\$40.00

\$20.00

\$ 5.00

(b) For people who are not already Health Department Clients:

for test results within the normal time period (State Lab)	\$20.00
for faster test results (within 48 hours) Private Lab	\$40.00

Immunizations for adults (such as international (7)travel vaccinations, hepatitis prevention, etc.):

(Yellow Fever Certificates)

Dispensing Fee:

Flat Fee: Prevailing vaccine costs plus (a) dispensing fee.

(b)	Influenza vaccine, includes dispensing fee Fluzone injectable FluMist Nasal Administration	\$30.00 \$20.00 \$25.00
(c)	Pneumococcal vaccine, includes dispensing fee	\$45.00
<u>(d)</u>	Travel Consult Fee (a minimum of ten (10) minutes of consult time and printed travel information regarding disease prevention; fee waived for additional family members when seen together.)	<u>\$45.00</u>
<u>(e)</u>	Administrative Replacement Fee	



	(8)	Required Immunizations for children	No Charge	
	(9) Laboratory Services: Prevailing lab cost plus blood drawing or urine collection fee.			
		Blood Drawing or Urine Collection Fe	ee:	\$15.00
	(10)	Class/Seminar attendance registration Per person charge for health care, social work and counseling employees		
		and counseling employees	AIDS 101 AIDS 500 AIDS 501	\$ 5.00 \$10.00 \$50.00
D.	VITA	L STATISTICS:		
	(1)	Birth Certificates:		
		County Fee State Fee pursuant to Section 382.02 FS (Surcharge for Certificates Issued		\$8.00
		Local Registrars)		\$2.50
		State Surcharge, Child Welfare Training Trust Fund Total Fee for Birth Certificates		<u>\$1.50</u> \$12.00
	(2)	Additional Copies		\$8.00
	(3)	Protective covers		\$3.00
	(4)	Death Certificates - Certified Copy		\$ <del>8.00</del> <u>10.00</u>
E.	MEDI	CAL RECORDS:		
	(1)	Copying of Medical Record (per page	<del>)</del> )	50 cents
F.	PUBI	IC RECORDS:		
	(1)	Copying of Public Record (per page	)	25 cents

**G. ENVIRONMENTAL HEALTH SERVICES:** The following Environmental Health fees are hereby adopted as authorized by State of Florida Administrative Code or Policy, unless otherwise indicated.



## (1) Water

(a)	Health Department Laboratory analysis per sample	\$20.00
(b)	Chemical sampling per site visit State Fee County Fee Total	\$50.00 <u>\$10.00</u> \$60.00
(c)	Chemical sampling per site visit for Delineated areas State Fee County Fee Total	\$50.00 <u>\$10.00</u> \$60.00
(d)	Combined chemical/microbiological Sample visit State Fee County Fee Total	\$55.00 <u>\$10.00</u> \$65.00
(e)	Limited use public water system annual operating permit State Fee (Initial) County Fee Total	\$75.00 <u>\$20.00</u> \$95.00
	State Fee (Renewal) County Fee Total	\$70.00 <u>\$20.00</u> \$90.00

\*Note: The Seminole County Health Department will charge no drinking water fee without authority to do so by Statute or rule.

## (2) Swimming Pools and Bathing Places

(a)	Annual operating permit - up to and including 25,000 gallons County Fee Total	\$100.00 <u>\$ 25.00</u> \$125.00
(b)	Annual operating permit - more than 25,000 gallons County Fee Total	\$200.00 \$ 65.00 \$265.00



	(c)	Late fee - (on permits paid after June 30) County Fee	\$50.00
	(d)	Re-inspection Fee per each re-inspection County Fee	\$25.00
	(e)	Variance Applications	\$25.00
	(f)	Exempted Condo Pools State Fee County Fee Total	\$50.00 <u>\$10.00</u> \$60.00
(3)	-	c Tanks (Onsite Sewage Treatment and Disposa ms) (OSTDS)	I
	(a)	New septic tank State fee pursuant to Chapter 64E-6, F.A.C. County Fee Total fee for standard or filled septic tank	\$ 305.00 \$ 50.00 \$ 355.00
	(b)	Septic Tank Modification(s) State fees pursuant to Chapter 64E-6, F.A.C. County Fee Total fee for Septic Tank Modification(s)	\$185.00 \$ 50.00 \$235.00
	(c)	Septic tank repair permit State fee pursuant to Chapter 64E-6, F.A.C County Application Fee Total fee for septic tank repair permit	\$175.00 \$ 35.00 \$210.00
·	(d)	Re-inspection fee per each non- compliance re-inspection County Fee State Fee pursuant to Chapter 64E-6, F.A.C. Total	\$ 25.00 \$ 50.00 \$ 75.00
	(e)	Septic System Abandonment Permit State Fee County Fee Total	\$ 40.00 \$ 40.00 \$ 80.00



(f)	Resi State	ance Application for a Single Family dence per each lot or building site e Fee nty Fee I	\$150.00 \$ 50.00 \$200.00
(g)	Varia Com State Cour Tota	\$200.00 \$ 50.00 \$250.00	
(h)		te Sewage Consultation Fees and Field \uests Not Related to Formal Permitting	<b>N</b> ork
	(i)	Plan Review County Fee	\$50.00
	(ii)	Soil Profile Fee County Fee	\$100.00
(i)	Ope	Fees for Delinquent Onsite Sewage rating Permits	\$50.00
(j)	State	nit amendment e Fee nty Fee I	\$55.00 <u>\$20.00</u> \$75.00
(k)	Volu	ntary timed inspection	\$50.00
(i)		Track Permitting Consultation for , Modification & Existing Sewage	\$75.00
(m)		Plan Review Small Site Plan, elopment Plan	\$35.00
(n)	& Fir	Plan Review Site Plan, Preliminary nal Engineering Subdivision (4 reviews) ews after 4)	\$150.00 \$ 35.00
(o)		aged System Fee nty Fee	\$50.00



	(p)	Site Re-Evaluation Fee State Fee County Fee Total	\$ 75.00 \$ 25.00 \$100.00	
	(q)	Aerobic Treatment Unit Maintenance Annual Permit State Fee County Fee Total	\$25.00 \$50.00 \$75.00	
	(r)	Annual Operating Performance Permits for Performance Based Systems State Fee County Fee Total	\$ 50.00 \$ 50.00 \$100.00	
(4)	Food Service			
	(a)	Annual permit for Child Care Centers with food service permitted pursuant to Chapter 64E-11, Florida Administrative Code State Fee County Fee Total	\$ 85.00 \$ 15.00 \$100.00	
	(b)	Late renewal of Annual Certificates State Fee County Fee Total	\$25.00 <u>\$ 5.00</u> \$30.00	
	(c)	Alcoholic Beverage Establishment Inspection State Fee County Fee Total	\$30.00 <u>\$20.00</u> \$50.00	
	(d)	Reinspection Fee (1 <sup>st</sup> )	\$50.00	
	(e)	Annual Permit – Nursing Homes State Fee County Fee Total	\$210.00 \$ 40.00 \$250.00	



(5)

(f)	Annual Permit – Adult Living Facilities State Fee County Fee Total	\$110.00 \$ 50.00 \$160.00			
(g)	Annual Permit – Schools State Fee County Fee Total	\$160.00 <u>\$ 90.00</u> \$250.00			
(h)	Annual Permit – Civic Organizations State Fee County Fee Total	\$160.00 \$ 90.00 \$250.00			
(i)	Annual Permit – Hospitals State Fee County Fee Total	\$210.00 \$ 40.00 \$250.00			
(j)	Annual Permit – Detention Centers & Jails State Fee County Fee Total	\$210.00 \$ 40.00 \$250.00			
(k)	Food Service Plan Review State Fee/hour (1 hour minimum) County Fee Total/hour (1 hour minimum)	\$35.00 <u>\$15.00</u> \$50.00			
Other Services					
(a)	Tanning Facilities				
	Re-inspection fee per each re-inspection County Fee	\$25.00			
(b)	Body Piercing				
	Re-Inspection fee per required re-inspection County Fee	\$25.00			
(c)	Rabies test (low-risk species)	\$100.00			
(d)	Group Care Homes and Facilities				



	(i)	Residential Group Home(s) Voluntary request for inspection County Fee	\$50.00		
	(ii)	Adult Living Facilities General sanitation inspection as required by Agency for Health Care Administration County Fee	\$50.00		
	(iii)	Day Care Centers Semi-Annual General sanitation inspections (Annual Fee) County Fee	\$50.00		
	Foster	Homes			
	. ,	Annual environmental health inspection County Fee	\$50.00		
	(ii)	Foster Home Reinspection	\$25.00		
Schools: Semi-annual environmental health inspection of school facilities (Annual Fee) County Fee \$100.00					
	Housing and Public Buildings Adult Entertaining Light meter reading				

### H. AUTHORITY.

(e)

(f)

(g)

Resolution 2004-R-23 adopted February 10, 2004 Resolution 2006-R-130 adopted June 13, 2006 Resolution 2006-R-213 adopted September 26, 2006 Resolution 2007-R-170 adopted September 25, 2007 Resolution 2008-R-219 adopted September 23, 2008